

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000405

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

107

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 5 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. JosephLength of stay in 1b  
Most Lifec. CITY  
OR TOWN St. JosephInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1218 Fourth Ave.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1218 Fourth Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
GRACEMiddle  
LEELast  
RAY4. DATE  
OF DEATHMonth  
JanuaryDay  
26Year  
1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/2/1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales Lady

## 10b. KIND OF BUSINESS OR INDUSTRY

Cosmetics

## 11. BIRTHPLACE (City and state or country)

Linley Missouri

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

Jefferson Mantlo

## 13b. MOTHER'S MAIDEN NAME

Lou Fowlers

## 14. NAME OF HUSBAND OR WIFE

Mr. Francis M. Ray

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Mr. Francis M. Ray

## Address 1218 - 4th Ave.

St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatosis

## INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma of cervix

3 1/2 years

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arteriovascular Generalized

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8-20-58 to 1-26-62 and last saw her alive on 12-30-61  
Death occurred at 2:15P m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Irwin Idorenthal M.D.

## 22b. ADDRESS

St Joseph Mo

## 22c. DATE SIGNED

1-29-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1/29/62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Hamer Funeral Home St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Jan. 31, 1962

## 26. REGISTRAR'S SIGNATURE

Mr. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF J. J. Raverthal, M.D.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.